## Best Available Copy

									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO								· · · · · · · · · · · · · · · · · · ·							
Effective October 1, 2000									10/810574						
CLAIMS AS FILED - PART I							SMALL ENTITY				OTHER THAN				
T 7/	OTAL CLAIMO		(Column 1)		(Column 2)			TYPE		<u> </u>	QR	SMALL	ENTITY		
TOTAL CLAIMS								RATE FEE		FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.00		355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			3 minus 20=		*			X\$ 9=		OR	X\$18=				
INDEPENDENT CLAIMS			/ minus 3 =				,	X40=			OR	X80=			
ML	JLTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=			OR	+270=			
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				1	TOTAL		;	OR	TOTAL			
/ / CLAIMS AS AMENDED - PART II									_		•	OTHER	THAN		
<u> 3</u>	129/04	(Column 1)	(Column 2) (Col			(Column 3)	_	SMALL ENTITY			OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	۰	NUM PREVIO PAID	BER OUSLY	PRESENT		RATE		ADDI- IONAL FE <del>V</del>		RATE	ADDI- TIONAL FEE		
	Total	*	Minus <	9	/	- /		X <b>/</b> 5 9=		1	OR	X\$18=			
	Independent	*	Minus	***	<u>(</u>	=		X40=			OR	X80=			
	FIRST PRESE	NTATION OF MU	JUITPLE DE	PENDEN	CLAIM			+135=			OR	+270=			
·								TOTAL ADDIT. FEE				TOTAL			
(Column 1) (Column 2) (Column 3)									E <b>L</b>		J ,	ADDIT. FEE			
AMENDMENT B		CLAIMS		HIGH	IEST		Ιr		T	ADDI-	•		ADDI-		
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY'	PRESENT EXTRA		RATE		IONAL FEE		RATE	TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=			
	Independent	* NTATION OF MU	Minus	***	CLAINA	=		X40=			OR	X80=			
	I INST T NESE	IVIATION OF MC	CHI LL DEF	LINDLINI	CLAIIVI	لــا	۱ [	+135=			OR	: +270=			
							L	TOTA			OR .	TOTAL ADDIT. FEE	-		
		μ	OUII. FE	c <b>I</b>		•	אטטוו. רכבן								
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Э.	(Colur HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	TI	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**	······	=		X\$ 9=	T		OR	X\$18=	122		
	Independent	*	Minus	***		=	<b> </b>	X40=	+		ı	X80=			
【	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		<b> </b>		+		OR	∧o∪=			
	f the entry in entry	+135=			OR	+270=									
**	if the "Highest Nur If the "Highest Nu	mn 1 is less than the mber Previously Parmber Previ	iid For" IN THI aid For" IN THI	S SPACE i	s less that s less tha	n 20, enter "20.' n 3, enter "3."	^	TOTA DDIT. FE	E <b>L</b> _			TOTAL ADDIT. FEE			
	ine ™ignest Num	ber Previously Paid	o For' (Total o	rindepend	ent) is the	nighest numbe	r tour	nd in the a	appro	pnate box	in coli	umn 1.			